



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

February 16, 2017
Certified Mail/Return
7012 3460 0003 1112 7826

Beale Air Force Base
6601 B. Street
Beale AFB, CA 95903

Attention: Calvin Hendrix, Deputy Base Civil Engineer

RE: Beale Air Force Base, Public Water System No. 5810700 – Citation No. 21-17C-007 for Exceedance of the Bacteriological Maximum Contaminant Level in January of 2017.

Enclosed is a citation issued to the Beale Air Force Base (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during the month of January 2017. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period.

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Crenshaw".

Reese B. Crenshaw, P.E.
Valley District Engineer
Drinking Water Field Operations Branch

Enclosure

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | www.waterboards.ca.gov

1 **Citation No. 21-17C-007**

2
3 **STATE OF CALIFORNIA**
4 **WATER RESOURCES CONTROL BOARD**
5 **DIVISION OF DRINKING WATER**
6

7 **Public Water System:** Beale Air Force Base

8 **Water System No.:** 5810700
9

10
11 **To:** Beale Air Force Base
12 Attn: Calvin Hendrix, Deputy Base Civil Engineer
13 6601 B Street
14 Beale AFB, CA 95903
15

16 **Issued:** February 16, 2017
17 VIA CERTIFIED MAIL
18

19 **CITATION FOR NONCOMPLIANCE**
20 **With Title 22 California Code of Regulations**
21 **Section 64426.1(b)**
22

23 Section 116650 of the California Health and Safety Code (CHSC) authorizes the
24 issuance of a citation for failure to comply with a requirement of the California Safe
25 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with
26 Section 116270), or any regulation, standard, permit, or order issued thereunder.

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director
3 for the Division, hereby issues a citation to Beale Air Force Base for failure to comply
4 with Section 64426.1(b), Title 22, of the California Code of Regulations (CCR).

6 **APPLICABLE AUTHORITIES**

7 See **Attachment A** for a list of the applicable authorities.

9 **STATEMENT OF FACTS**

10 The Beale Air Force Base, domestic water system (System) is classified as a
11 community water system serving approximately 7,133 persons per day. In
12 accordance with Section 64423 of Title 22, the System is required to collect two
13 routine bacteriological samples per week. Two of the fourteen routine samples
14 collected in January 2017 contained total coliform bacteria. These samples were
15 collected January 13, and January 31, 2017. No sample discussed herein was
16 positive for E. coli.

18 **DETERMINATIONS**

19 The Division has determined that the Water System violated Section 64426.1(b)(2),
20 Title 22, of the CCR, in that the Water System exceeded the total coliform MCL
21 during the month of January 2017. The Water System also triggered a Level 1
22 Assessment for January 2017, per the Revised Total Coliform Rule (rTCR), codified
23 in Title 40 of the Code of Federal Regulations (CFR), Section 141.859.

DIRECTIVES

The System is hereby directed to take the following actions:

1. Comply with Section 64426.1, Title 22, of the CCR in all future monitoring periods.
2. **Within 30 days** of the issuance of this Citation, provide public notification in accordance with **Attachment B**, to all persons served by the System of the MCL violation as required by Section 64463.4(c) and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance with each of the following:
 - (A) Mail or direct delivery to each customer.
 - (B) Notification by one or more methods for customers not reached by mail or direct delivery (**see Attachment B**).
3. Changes and/or modifications to **Attachment B** shall not be made unless approved by the Division.
4. Complete and return **Attachment C**, "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.
5. As a result of the January 2017 total coliform results, **within 30 days of the issuance of this Citation**, the System must submit to the Division a completed and signed rTCR Level 1 Assessment form (**Attachment D**). Furthermore, all necessary corrective action specified on the Assessment

1 must be addressed and verified (via fax, email, mail, or phone) to the Division
2 within **30 days of the completed Assessment.**

3
4 All documents required by this Citation to be submitted to the Division shall be
5 submitted to the following address:

6
7 Reese B. Crenshaw, P. E.
8 Valley District Engineer
9 Drinking Water Field Operations
10 Division of Drinking Water
11 State Water Resources Control Board
12 364 Knollcrest Drive, Suite 101
13 Redding, CA 96002
14 (530) 224-4800

15
16 Nothing in this Citation relieves the System of its obligation to meet the requirements
17 of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe
18 Drinking Water Act), or any regulation, permit, standard or order issued or adopted
19 thereunder.

20
21 The Division reserves the right to make such modifications to this Citation, as it may
22 deem necessary to protect public health and safety. Such modifications may be
23 issued as amendments to this Citation and shall be effective upon issuance.

24
25 **FURTHER ENFORCEMENT ACTION**

26 The California SDWA authorizes the State Board to: issue citation with assessment
27 of administrative penalties to a public water system for violation or continued
28 violation of the requirements of the California SDWA or any permit, regulation,
29 permit or order issued or adopted thereunder including, but not limited to, failure to

correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the State Board; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with violates an order of the State Board. The State Board does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

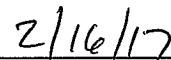
This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.



Reese B. Crenshaw, P.E., District Engineer
Valley District
Drinking Water Field Operations Branch

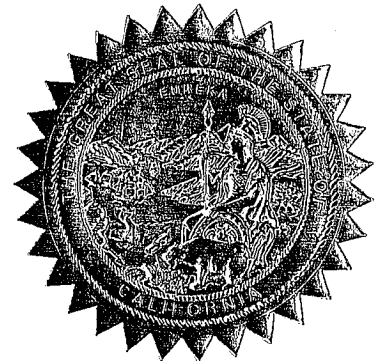


Date

Attachments:

Attachment A - Applicable Authorities

Attachment B - Public Notification Template



- 1 Attachment C - Certification of Completion
- 2 Attachment D – rTCR Level 1 Assessment Form

ATTACHMENT A

APPLICABLE AUTHORITIES

Section 116650 of the CHSC states in relevant part:

- (a) If the Department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.*
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.*
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.*
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).*
- (e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation*

ATTACHMENT A

occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

Section 64426.1(b), Title 22, of the CCR states in relevant part:

(b) A public water system is in violation of the total coliform maximum contaminant level (MCL) when any of the following occurs:

(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or

(2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or

(3) Any repeat sample is fecal coliform-positive or E. coli-positive; or

(4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

Section 64463.4(c), Title 22, of the CCR states in relevant part:

(c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:

(1) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the

potential for adverse effects on public health and welfare, community water systems shall give public notice by;

(A) Mail or direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system; and

(B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):

- 1. Publication in a local newspaper;*
- 2. Posting in conspicuous public places served by the water system, or on the Internet; or*
- 3. Delivery to community organizations.*

(2) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:

(A) Posting in conspicuous locations throughout the area served by the water system; and

(B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:

- 1. Publication in a local newspaper or newsletter distributed to customers;*
- 2. E-mail message to employees or students;*
- 3. Posting on the internet or intranet; or*
- 4. Direct delivery to each customer.*

Section 141.859(a)(1), Title 40 of the CFR, states in relevant part:

(a) Treatment technique triggers. Systems must conduct assessments in accordance with paragraph (b) of this section after exceeding treatment technique triggers in paragraphs.

(1) Level 1 treatment technique triggers.

- i. For systems taking 40 or more samples per month, the system exceeds 5.0% total coliform-positive samples for the month.*
- ii. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.*
- iii. The system fails to take every required repeat sample after any single total coliform-positive sample.*

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

The Beale Air Force Base water system did not meet Bacteriological Drinking Water Standards in January 2017

Our water system violated the bacteriological drinking water standard for January 2017. As our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. One sample collected on January 13, 2017, and one sample collected on January 31, 2017, indicated the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may have the presence of total coliform.

What should I do?

- **You do not need to boil your water or take other corrective actions.** This is not an emergency, if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

In response to the positive total coliform samples mentioned above, the System collected three repeat samples on January 14, 2017 and three repeat samples on February 2, 2017. As a result, all repeat samples were absent for total coliform.

For more information, please contact Calvin Hendrix @ 530-634-2943

State Water System ID#: 5810700

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Beale AFB

Public Water System No. 5810700

Public notification for the month of January 2017 bacteriological failure was performed by the following required methods:

- Mail or Direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g. schools or school systems, apartment building owners, or land private employers), and other service connections to which water is delivered by the water system;

AND

- Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (Check all that apply):

☐ Publication in a local newspaper.

☐ Posting in conspicuous public places served by the water system, or on the Internet.

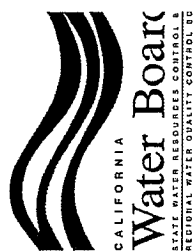
☐ Delivery to community organizations.

I hereby certify that the above information is factual.

Printed Name

Signature

Date



STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

SYSTEM NAME:	Trigger Date:
SYSTEM #:	Investigation Date:

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:				
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Changes to water system since last negative routine bacteriological sample:				
	Piping modified or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	System components replaced or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
3	Groundwater source contamination:		<input type="checkbox"/>		Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Wells:		<input type="checkbox"/>		
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	

	Springs and/or Horizontal Wells:		<input type="checkbox"/>		
	The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Surface water or GWUDI treatment issues		<input type="checkbox"/>		
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
5	Tank(s) storage, clearwell, backwash return:		<input type="checkbox"/>		Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Distribution system				
	Low pressure transmission lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Dead end lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Sample site and sampling procedures				
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
8	Other	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	

SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

CERTIFICATION: I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

Name: _____ Title: _____ Signature: _____ Date: _____